ALL GAMES WILL BE ON SATURDAYS

HART COUNTY RECREATION & PARKS DEPARTMENT

Participant Registration/Medical Release Form

Sport/Program: □ Football □ Cheerleading □ Other									
	□ 7 U	8U	9U	10U	11U	Other_			
Child's Name: _									
	<u>-</u>				Date of Birth: August 1, 2019)				
Address:					ust 1, 2	2017)			
City, State, Zip:									
Phone Number:_				ema	uil:				
Resident: City	y or Count	у	Weigl	ht:			(for Football ONLY)		
School:			 Medica	al·					
Diabetes, Asthma, e	etc.)		s, physica	al disabil		_	requiring medication (i.e.		
Medical Condit	ion	Medica	tion		Dosa	ge	Frequency of Dosage		
The purpose of the above information is to ensure that medical personnel have details of any medical problem which may interfere with or affect treatment. Emergency Contact Name: Phone # Relationship to participant: The undersigned, parent/legal guardian, does hereby consent to the above named child's participation in the Sport/Program listed above, and further does hereby release Hart County, Georgia; the Hart County									
Recreation Departm successors, administrature, specifically included child may incur as a acknowledges that haccommodation, or	tent, its direct trators and a including, but result of pa ne/she has no that would in	tors, emplessigns, from the not limit the interest of the control	oyees, off m any and ted to, cla in the Sp ge of phys above nan	ficers, stand all liabidies for bootton or more or mor	off, agents lity on ac odily inju am listed dedical co 's ability	s, and volun ecount of an ary, which the above. The onditions that to participa	teer workers, their heirs, y and all claims of every he above named minor e undersigned further		
Signature of Parent or Legal Guardian						Date			
Notes by Pare	nts:								

BELOW FOR FOOTBALL ONLY									
Equipment:									
equipment from the program season, I do not return the ereimbursing the R	ne Hart County Rowill be responsible equipment leased ecreation Departmentalisation, I under	an, agree that if I am ecreation Department le for returning the to my child, I will be ment for the replaces estand that the Coun	nt for my child dur equipment. I unde e financially respo ment value of new	ing the football erstand that if I nsible for equipment. If I					
Equipment is due	within one (1) w	eek after the seasoi	n has concluded.						
Equipment replacement cost: Helmet - \$150.00, Shoulder Pads - \$100.00									
Signature of Parer	nt or Legal Guard	Date							
Print Name listed above									
Proof of Residence:									
I, (parent/guardian), authorize Hart County Board of Education, permission to release my child's, (child's name) personal summary report to the Hart County Recreation and Parks Department.									
Signature of Parer	nt or Legal Guard	Date							
		Staff Use Below-							
Amount	Date Paid	Payment	Receipt #	Staff					
Paid		method (ck, cash, etc.)		Initials					
		(CK, Casii, etc.)							